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то:	Registration So Division of Cor		,	
SUBJEC		dustries, LLC		
000011	<u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		David Levy		
			Name of Person	
		Harlow Industries, LLC		
			Firm/Company	
		425 NW 136th Court		
			Address	<u> </u>
		Miami, Florida 33182		
		d_levy@live.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notiti	cation)
For furth	er information c	oncerning this matter, please ca	all:	
David L	evy		305 8909184	
	Name o	f Person	at ()	Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 25.6	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harlow Industries, LLC

(Name of the Limited Liability (A Florida L	Company as it now appears limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Con	mpany were filed on 03/0	7/2005	and assigned
Florida document number L05000023136			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company her	<u>e</u> :	
Harlow Advisement, LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe registered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>enter</u>	the name of the new
New Registered Office Address:			
	Enter Floride	a street address	
		, Florida	
New Registered Agent's Signature, if changing Registered /	City		Zip Code
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	ad agree to act in this ca applete performance of m and as provided for in Ch	y duties, and I am j apter 605, F.S. Or.	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐ Change
			D Add
			Remove
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C CC	10/10/2019
Note:	ve date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	10-10- 2019 War.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00